

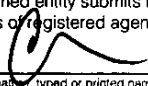



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90019 044 ***138.75

DOCUMENT # L07000061539					
1. Entity Name BLUE LEAF OFFICES, LLC					
Principal Place of Business 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471 US			Mailing Address 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471 US		
2. Principal Place of Business - No P.O. Box # 2201 SE 30th Avenue		3. Mailing Address 2201 SE 30th Avenue			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201		01072008 Chg-LLC CR2E083 (12/06)	
City & State Ocala FL		City & State Ocala FL		4. FEI Number 26-0341133	
Zip 34471		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WIECHENS, CHRISTOPHER S 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471			7. Name and Address of New Registered Agent Name: <u>Wiechens, Christopher S.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2201 SE 30th Avenue</u> Suite <u>201</u> City: <u>Ocala</u> FL Zip Code: <u>34471</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		<u>Christopher S. Wiechens</u>		<u>1/8/08</u>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGHWAY 200 PARTNERS, LLC 2603 S.E. 17TH STREET, SUITE A OCALA, FL 34471		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		<u>Christopher S. Wiechens</u>		<u>1/8/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	